

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/559967</i>	FILING DATE
						APPLICANT'S	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3		2					
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45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.		55	↓	↓	↓		
TOTAL DEP.		55	←	←	←		
TOTAL CLAIMS		55					

BEST AVAILABLE COPY